	TRA	VEL V	/OUC	HER	OR SU	IBVO	JCHER					vriter, ink, o ded, contin			SS HA	RD. DO NOT use
1. PAYMENT SP			SPLIT DISBURSEMENT: The Paying Office will pay						directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required							
	ectronic Fund ansfer (EFT) representing travel char to designate a payment		that equals the total of their outsta			d rental car i anding gover	nment trav	e to the GTCC	contractor.	erent amount.	Military	personnel are required				
		t by Chec	k	Pay	the following	ng amour	nt of this reim	bursen	nent direct	y to the G	overnment	Travel Charg	e Card cor	ntractor:	\$	
2. NAME	(Last,	First, Middl	le Initial)	(Print or	type)			3. GRAI	DE	4. SSN			5. TYPE	OF PAYMEN	T (X as	applicable)
													TD	Υ		Member/Employee
6. ADDRESS. a. NUMBER AND STREET b. CITY						c. STATE d.			d. ZIP CODE		s		Other			
1													De	pendent(s)		DLA
e. E-MAI	L ADDF	RESS											10. FOR	D.O. USE O	NLY	
	ME TE	LEPHONE	NUMBI	ER &	8. TRAVEL		AUTHORIZATI	ION	9. PREVIOUS GOVERNMENT PAYMENTS/ a. D.O. VOUCHER ADVANCES					NUMBER	?	
									7.277.11							
11. ORG	ANIZA'	TION AND	STATIC	ON									b. SUB	VOUCHER N	IUMBER	
12. DEPI	ENDEN	IT(S) (X and	d comple	ete as ap	plicable)			-	13. DEPEN	DENTS' A	DDRESS ON I	RECEIPT OF	c. PAIC	BY		
A	COMP	PANIED			UNA	CCOMPA	NIED		ORDERS (Include Zip Code)							
a. N.	AME (L	ast, First, N	Middle In	itial)	b. RELATI	IONSHIP	c. DATE OF E	BIRTH								
							OR WARR	IAGE								
						-		-								
								-		OUSEHOL	D GOODS BE	EN SHIPPED	d. COMF	PUTATIONS		
			-						(X one) YES		NO (Explain	in Remarks)				
15. ITINE	RARY							_	C.	d.	e.	f.	+			
a. DATE		b. PL	ACE (H	lome, Off	fice, Base, Adand Country,	ctivity, City	and State;		MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING					
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	ARR												(1) Per D	Diem	-	
	DEP								(2) Actua	al Expense All	owance					
	ARR			77.27.2							1		(3) Milea	ge		
16. POC	TRAVE	L (X one)	T	OWN/0	OPERATE		PAS	SENGER	2	17. D	URATION OF	TRAVEL	(4) Depe	ndent Travel		
18. REIMBURSABLE EXPENSES										(5) DLA						
a. DATE		b. NATURE OF EXPENSE			c. AMOUNT		NT T	d. ALLOW	ED	12 HOURS	OR LESS	(6) Reim	(6) Reimbursable Expenses			
											1		(7) Total	ı		0.00
										\neg		N 12 HOURS URS OR LESS	(8) Less	Advance		
										1		(9) Amou	int Owed			
										\neg	MORE THAI	N 24 HOURS	(10) Amo	unt Due		
							1			19. 0	OVERNMENT	T/DEDUCTIBL	E MEALS			
_											a. DATE	b. NO. 0	OF MEALS	a. D	ATE	b. NO. OF MEALS
										\neg						
20.a. CLAIMANT SIGNATURE b. DATE					c. SUPERV	ISOR SIGI	NATURE					d. DATE				
21.a. API	ROVIN	NG OFFICE	R SIGN	ATURE						-						b. DATE
22. ACC	UNTIN	IG CLASSI	FICATION	ON		-										
23. COLL	ECTIO	N DATA														
24. COM	PUTED	ВУ	25. AU	JDITED E	3Y	26. TRA	VEL ORDER/ ORIZATION PO	OSTED E	27. REG	CEIVED (P	ayee Signature	e and Date or (Check No.)		28. A	AMOUNT PAID

Read Privacy Act Statement, Penalty Statement, and Instructions on back before

		TRAVEL	PAGE	OF PAGES					
			(Continuation Sh	eet)					
4. NAN	IE (Lasi	t, First, Middle Initial) (F	rint or type)					5	
15. ITIN	NERAR	Υ	***************************************					3. FOR D.O. USE C	DNLY
a. DATE		b. PLA (Home, Office, Base State; City and	ACE , Activity, City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES		
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10.00	VEDNIN	MENT/DEDUCTIBLE MI	FALC						
19. GO		a. DATE	b. NO. OF I	MENIC		a. DATE		h NO (OF MEALS
		a. DATE	b. No. or i	VILALO		a. DATE		D. 140. C	OF MEALS
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29. REI	WARKS	}							
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